MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10392

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
LENGTH OF STAY (in this place) 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Elwood (Last) Bonner

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 8-4-1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Office Mgr.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Walter Bonner
14. MOTHER'S MAIDEN NAME: Margaret Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War II
16. SOCIAL SECURITY No.: 212-01-2037
17. INFORMANT & ADDRESS: Mrs Rebecca H. Bonner

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 592X

Immediate cause (a) Uremia — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Glomerular Nephritis — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 1938, to 10/23, 1953, that I last saw the deceased alive on 10/22, 1953, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Preston Maryland DATE SIGNED 10/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-25-53
NAME OF CEMETERY OR CREMATORY Lincholster
LOCATION (City, town, or county) (State) Preston Md. RD
DATE REC'D BY LOCAL REGISTRAR 10/24/53
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. J. Frampton Son Federalsburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290 10393

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~(Rural) Trappe~~ 33
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Trappe X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MEDFORD (Middle) (Last) BRUMMELL

4. DATE OF DEATH: (Month) October (Day) 26, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 8, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 10 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Food Factory etc
11. BIRTHPLACE (State or foreign country): Trappe, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Bromwell
14. MOTHER'S MAIDEN NAME: Josephine Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-01-0611
17. INFORMANT & ADDRESS: Ada Brummell, Trappe, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebro Vascular Accident — Interval Between Onset And Death: Month

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension Cardio Vascular Disease — yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Supra pubic Cystotomy — 4 yrs.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1952 to 10-26, 1953, that I last saw the deceased alive on 10-25, 1953, and that death occurred at 8 45 am, from the causes and on the date stated above.

SIGNATURE W F Bull (Degree or title) MD ADDRESS Easton Md DATE SIGNED 10.27.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 29, 1953
NAME OF CEMETERY OR CREMATORY Trappe Cemetery
LOCATION (City, town, or county) (State) Trappe, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/27/53
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr., ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10394

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY Talbot MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33

LENGTH OF STAY (In this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS The Easton Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Queen Anne's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville 17X-2

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) (Last) Dashiell

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1953 2:28 am

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-11-68

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: HW

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr John Busch

14. MOTHER'S MAIDEN NAME: Mary Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Kenneth Paca (daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Carcinoma of the rectum c̄

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) metastases

DUE TO

(c)

Interval Between Onset And Death (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Oct, 1953, to 24 Oct, 1953, that I last saw the deceased alive on 24 Oct, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 27 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried

DATE THEREOF 10/27/53

NAME OF CEMETERY OR CREMATORY Stevensville

LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/25/53

REGISTRAR'S SIGNATURE N. H. Norris

24. FUNERAL DIRECTOR Edgar L. Lane per WTC.

ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

RECEIVED
NOV 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10395

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
LENGTH OF STAY (in this place) 28 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Talbot. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. 33
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Hensulta Bill
4. DATE OF DEATH: (Month) (Day) (Year) Oct. 30 1953.

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 29 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: HW.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Fresby Roberts
14. MOTHER'S MAIDEN NAME: Wen Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 7
17. INFORMANT & ADDRESS: Emory C. Dell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 442X (a) Uremia & cardiac failure — 2 wks.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (260X) (b) Arteriolar nephrosclerosis — (?)

DUE TO (c) Essential hypertension — (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — (?)

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to 30 Oct, 1953, that I last saw the deceased alive on 29 Oct, 1953, and that death occurred at 4:20 Am, from the causes and on the date stated above.

SIGNATURE Thomas Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 30 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/2/53
NAME OF CEMETERY OR CREMATORY Unionville
LOCATION (City, town, or county) (State) Easton Md. RD
DATE REC'D BY LOCAL REGISTRAR 10/31/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR James B. Dashiell, ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV 9 1953
BUREAU V. S.

10396

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
LENGTH OF STAY (in this place) 5 hrs. 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville 17X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sharon (Middle) Jean (Last) Dixon

4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1953

5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-2-52
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Mr Richard E. Dixon
14. MOTHER'S MAIDEN NAME Jane Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr. Richard E. Dixon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

830 X Immediate cause (a) multiple fracture of skull — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) near Centreville (COUNTY) Queen Anne (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 10/10/53 3:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran over by tractor

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) Deputy Med Exam for Q.A. Cond ADDRESS Centreville Md DATE SIGNED 10/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/13/53
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Md

DATE REC'D BY LOCAL REG. 10/11/53
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Baston Bros ADDRESS Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
OCT 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1039

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Easton; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sallie (Middle) T (Last) Downs

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2-19-1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: H.W

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mr William Tibbett

14. MOTHER'S MAIDEN NAME: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 7

17. INFORMANT & ADDRESS: Mr James Downs (son) address same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary TBC

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Cardiac failure due to

DUE TO

(c) arteriosclerotic C-V disease

Interval Between Onset And Death: (a) OCX; (b) (?); (c) (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ....., 19 53, to 28 Oct ....., 19 53, that I last saw the deceased alive on 28 Oct ....., 19 53, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 28 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Nov. 1, 1953; NAME OF CEMETERY OR CREMATORY Mt. Olive; LOCATION (City, town, or county) (State) near Goldsboro Md

DATE REC'D BY LOCAL REGISTRAR 10/29/53; REGISTRAR'S SIGNATURE N. L. Nevins

24. FUNERAL DIRECTOR Raymond B Rawlings ADDRESS

RECEIVED
NOV 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16398

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Rt 1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Rt I Box 239

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) H. (Last) Hughes

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1953

5. SEX: male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Labor
10b. KIND OF BUSINESS OR INDUSTRY: Trucker
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison Hughes
14. MOTHER'S MAIDEN NAME: Louisa Strawberry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elnora Hughes Easton. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
591X Immediate cause	(a) Acute Parenchymatous Nephritis	3 mo.
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Extreme Exposure to weather	1 month
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2 1953 to Oct 26, 1953, that I last saw the deceased alive on 10/26, 1953, and that death occurred at 3.30 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) Hayward T. Wert M.D. ADDRESS Easton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-29-53
NAME OF CEMETERY OR CREMATORY Unionville Cem
LOCATION (City, town, or county) (State) Easton Rt I Md.
DATE REC'D BY LOCAL REGISTRAR 10/29/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR James B. Darliell, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT
BUREAU V. S.

Film#G159 Item # 13, 14, 11/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16399

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY 2 A. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1953

5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, ~~(Specify)~~: widowed
8. DATE OF BIRTH: Jan 5, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: William Banks (Stepson) Grasonville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332 X

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on Pathologist 19..., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. C. H. Schmidt, M.D., Easton Memorial Hosp 1 Nov. 1953

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF Nov 3-53 NAME OF CEMETERY OR CREMATORY Chester LOCATION (City, town, or county) (State) Chester Md.

DATE REC'D BY LOCAL REGISTRAR 11/1/53 REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Louis A Henry, Camb. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place) 9 hrs - 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville 17X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lola (Middle) Mae (Last) Kaufman
4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 1953
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 4-3-01
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hwi
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr Harry Thompson
14. MOTHER'S MAIDEN NAME: Rachel Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Fred Kaufman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 4 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic heart disease — 25 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Oct, 1953, to 25 Oct, 1953, that I last saw the deceased alive on Oct. 25, 1953, and that death occurred at 9:55 pm, from the causes and on the date stated above.
SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 27 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 10/28/53
NAME OF CEMETERY OR CREMATORY Bussie
LOCATION (City, town, or county) (State) near Barclay Md
DATE REC'D BY LOCAL REGISTRAR 10/26/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Edgar L. Lane - CHURCH HILL, MD. per W.S.G. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV 4 195
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A-8-51

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Box 14,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neavitt
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) McQuay

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: SEPT 5 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: GENERAL

11. BIRTHPLACE (State or foreign country): BOZMAN MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM N. McQUAY

14. MOTHER'S MAIDEN NAME: MARGRET ANN KERPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Richard W. McQuay, R.F.D. #14, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

446X

Immediate cause (a) [illegible]

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) [illegible]

DUE TO

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH: 2 wks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to 27 Oct, 1953, that I last saw the deceased alive on 27 Oct, 1953, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) M.D. ADDRESS Easton, Md DATE SIGNED 2 Nov 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Oct 29 1953

NAME OF CEMETERY OR CREMATORY Bozman Cemetery

LOCATION (City, town, or county) Bozman (State) Md

DATE REC'D BY LOCAL REG. 10/28/53

REGISTRAR'S SIGNATURE N. H. Nearing

24. FUNERAL DIRECTOR Hamilton Harrison

ADDRESS St. Michaels, Md

RECEIVED
O
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10102

CERTIFICATE OF DEATH

Reg. Dist. No. 290.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Easton. Md. — LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe, Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) Allston (Last) Harris

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April, 1879

9. AGE Last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Alexander Keeler

14. MOTHER'S MAIDEN NAME: Mary Flagg Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT & ADDRESS: Robert A. Harris. Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: ...

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Coronary artio sclerosis — Interval Between Onset And Death: 6 mos.
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1953, to Oct ..., 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at ..., from the causes and on the date stated above.
SIGNATURE (Degree or title) I. Allyn Dea, Physician M.D. — ADDRESS Easton, Md. Rural Route 2 — DATE SIGNED 10/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Oct. 5, 1953 — NAME OF CEMETERY OR CREMATORY Bellamore Cemetery — LOCATION (City, town, or county) Wilmington — (State) Del.

DATE REC'D BY LOCAL REGISTRAR 10/3/53 — REGISTRAR'S SIGNATURE M.A. Meeres

24. FUNERAL DIRECTOR Bullen Bros. — ADDRESS Easton, Md.

VS. A15

RECEIVED

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Royal Oak. | LENGTH OF STAY (in this place) 8yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Royal Oak.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PASCHALL (Middle) HOLLINGSWORTH (Last) MORRIS

4. DATE OF DEATH: (Month) OCT. (Day) 1 (Year) 19 53

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: April 8 1904 | 9. AGE Last birthday: 48 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer retired | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Phila | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: H. Hollingsworth Morris | 14. MOTHER'S MAIDEN NAME: Virginia Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes. | (If Yes, give war or dates of service) 1943-1945 | 16. SOCIAL SECURITY No.: None | 17. INFORMANT & ADDRESS: Ward P. Rounds - 2510 Hurst Terrace Hunttown, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) MYOCARDIAL INFARCTION DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO CORONARY OCCLUSION

(b) .....

DUE TO

(c)

Interval Between Onset And Death: 5 WKS.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1- ....., 1953., to 10-1- , 19 53 that I last saw the deceased alive on 10-1- , 19 53, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE Donald A. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 10-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 6 1953. | NAME OF CEMETERY OR CREMATORY Church of Redeemer | LOCATION (City, town, or county) Bryn Mar | (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 10/2/53 | REGISTRAR'S SIGNATURE M.H. Merrill | 24. FUNERAL DIRECTOR Maurice E. Kerman & Son | ADDRESS Easton, Md.

RECEIVED
OCT 7 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) about 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 So. Aurora Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 33 So. Aurora Street

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) (Last) Murray
4. DATE OF DEATH: (Month) (Day) (Year) 10 - 12 - 1953
5. SEX: Male
6. COLOR OR RACE: aa
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 12-10-1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 10 Days 2 IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Employed
11. BIRTHPLACE (State or foreign country): Easton Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Charles A. Murray
14. MOTHER'S MAIDEN NAME: Louisa Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 170-05-5939
17. INFORMANT & ADDRESS: Mrs. Susan Murray, 33 S. Aurora St. Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Thrombosis	1 hr.
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Generalized Art Sclerosis	yrs
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy unit yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to 10-12, 1953, that I last saw the deceased alive on 10-11, 1953, and that death occurred at 3 o'c. m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (DEGREE OR TITLE) Mt ADDRESS Easton Maryland DATE SIGNED 10-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 10-15-'53
NAME OF CEMETERY OR CREMATORY Richards Cemetery
LOCATION (City, town, or county) Easton, Talbot Co. (State) Md.
DATE REC'D BY LOCAL REG. 10/13/53
REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR Mary A. Stewart ADDRESS 324 E. Church St. Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-51

RECEIVED
OCT 1
BUREAU V. S.

Film#159 Item# 8 11/10/53 e.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10405

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton C5X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) I (Last) Norris

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-31-1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Samuel T. Morris
14. MOTHER'S MAIDEN NAME: Eliza Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Anna J. Norris (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma of the head of the
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) pancreas
DUE TO
(c)

Interval Between Onset And Death: 3 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Sept, 1953, to 13 Oct, 1953, that I last saw the deceased alive on 13 Oct, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Hanson M.D. Cashier Maryland 14 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 16/53
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) Md Denton (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/14/53
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR J. V. Moore & Son ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

RECEIVED
OCT 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location) Talbot County

3. NAME OF DECEASED: (Type or Print) (First) Adelaide (Middle) (Last) Snow

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1953

5. SEX: Female FEMALE
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Marcus Hook, Pa.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William ~~Moore~~ Moore
14. MOTHER'S MAIDEN NAME: Margaret Kildairie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Murray D. Snow - Tilghman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Loss of consciousness

260X Immediate cause (a) Chronic nephritis heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension Diabetes. — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to ....., 1952, that I last saw the deceased alive on Jan, 1953, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE Gwynn Reese Smith (DEGREE OR TITLE) ADDRESS Tilghman Md. DATE SIGNED Oct 16 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 10/19/53 NAME OF CEMETERY OR CREMATORY Lawncroft LOCATION (City, town, or county) Marcus Hook (State) Pa.

DATE REC'D BY LOCAL REG. Oct 17, 53 REGISTRAR'S SIGNATURE Mrs Robt R. Seth
24. FUNERAL DIRECTOR J. Leeds Moore - Tilghman ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 8-51

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

290

Reg. Dist. No. ~~253~~

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Jerome (Last) Stallings
4. DATE OF DEATH (Month) 10 (Day) 5 (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 20 - 1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Oyster, etc
11. BIRTHPLACE (State or foreign country) Chester Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward Stallings
14. MOTHER'S MAIDEN NAME Amelia Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Medford Clendaniel, Chester Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) He was dead when ambulance

(c) reached Memorial Hospital Easton Md

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓ accident ☐, suicide ☐, homicide ☐, undetermined.*

SIGNATURE W Henry Fisher M.D. (Degree or title) ADDRESS Centreville Md Deputy Med Exam for Q.A.C. Md DATE SIGNED 10/19.53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 8-53
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) (State) Stevensville Maryland
DATE REC'D BY LOCAL REG. Oct. 24, 1953
REGISTRAR'S SIGNATURE Elizabeth Hopter
24. FUNERAL DIRECTOR Barton Bros Centreville Md ADDRESS

Mrs. N. H. Nevins

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ac is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10408

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md 33
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) Ann (Last) Warner
4. DATE OF DEATH: (Month) 10- (Day) 7 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-9-66
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? W. E. A.
13. FATHER'S NAME: Risdon Ennels
14. MOTHER'S MAIDEN NAME: Sarah Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Florence Roberts, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac Decompensation — Interval Between Onset And Death: 1 yr.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Cardio Vascular disease — yrs

DUE TO (c) Generalized Arteriosclerosis — yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11, 1947, to 10-7, 1953, that I last saw the deceased alive on 10-6, 1953, and that death occurred at 1 30 Ph, from the causes and on the date stated above.
SIGNATURE Lew F Buell (Degree or title) Lew H ADDRESS Easton Md DATE SIGNED 10-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-10-53 NAME OF CEMETERY OR CREMATORY Chapel Cem LOCATION (City, town, or county) Chapel (State) Md
DATE REC'D BY LOCAL REGISTRAR 10/10/53 REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR James B. Darkiell ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 19[illegible]
BUREAU V. S.

Dr Welty

D.00A09 @ 10 45 am

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Michael (Last) Wood
4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 1953
5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Jan 15, 1953
9. AGE last birthday yrs. If under 1 year Months 9 Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Leon Sullivan
14. MOTHER'S MAIDEN NAME Alverta Wood.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

525X Immediate cause (a) Interstitial pneumonia ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE C. C. Hickman M.D. for Louis Welty (Degree or title) ADDRESS M.D. Easton Memorial Hosp. DATE SIGNED 15 Oct 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/14/53
NAME OF CEMETERY OR CREMATORY St. Michael
LOCATION (City, town, or county) St. Michael (State) Md
DATE REC'D BY LOCAL REG. 10/13/53
REGISTRAR'S SIGNATURE N. H. Nevius
24. FUNERAL DIRECTOR Norman D Marshall ADDRESS St. Michaels Md

2013305404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 22 1953
BUREAU V. S.